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U.S. PTO

PTO/SB/50 (06-03)

Approved for use through 01/31/2004. OMB 0651-0033
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REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Mail Stop Reissue Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket No.	19753-16595
	First Named Inventor	Sammy K. Massey
	Original Patent Number	6,397,764
	Original Patent Issue Date (Month/Day/Year)	June 4, 2002
	Express Mail Label No.	

APPLICATION FOR REISSUE OF:
(Check applicable box)

Utility Patent

Design Patent

Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

ACCOMPANYING APPLICATION PARTS

1. Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. Applicant claims small entity status. See 37 CFR 1.27.
3. Specification and Claims in double column copy of patent format
(amended, if appropriate)
4. Drawing(s) (proposed amendments, if appropriate)
5. Reissue Oath/Declaration (original or copy)
(37 CFR 1.175) (PTO/SB/51 or 52)
6. Power of Attorney
7. Original U.S. Patent currently assigned? Yes No
(If Yes, check applicable box(es))
 - Written Consent of all Assignees (PTO/SB/53)
 - 37 CFR 3.73(b) Statement
(PTO/SB/96)
8. CD-ROM or CD-R in duplicate, Computer Program (Appendix)
or large table
9. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all of the following are necessary)
 - a. Computer Readable Form (CFR)
 - b. Specification Sequence Listing on:
 - i CD-ROM (2 copies) or CD-R (2 copies); or
 - ii paper
 - c. Statements verifying identity of above copies

10. Statement of status and support for all
changes to the claims. See 37 CFR 1.173(c)
11. Original Patent Grant
 - Ribboned Original Patent Grant
 - Statement of Loss (PTO/SB/55)
12. Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
13. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS
Citations
14. English Translation of Reissue Oath/Declaration
(if applicable)
15. Preliminary Amendment
16. Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
17. Other: _____

18. CORRESPONDENCE ADDRESS

Customer Number: 00003864 OR Correspondence address below

Name				
Address				
City	State	Zip Code		
Country	Telephone		Fax	

Name (Print/Type)	Registration No. (Attorney/Agent)		418J-1
Signature			Date 2-17-2004

This collection of information is required by 37 CFR 1.173. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Reissue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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U.S. PTO
REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)

Claims as Filed – Part 1

Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 5	Total Claims (37 CFR 1.16(j))	(B) 13	*** - 7 =	x \$ ____ =		or	x \$ ____ =
(C) 1	Independent claims (37 CFR 1.16(i))	(D) 3	* 2 =	x \$ <u>13</u> =	<u>86</u>		x \$ ____ =
			Basic Fee (37 CFR 1.16(h))		<u>385</u>		\$ ____
				Total Filing Fee	<u>471</u>	OR	\$ ____

Claims as Amended – Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$ ____ =		x \$ ____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ ____ =			
					Total Additional Fee	\$		OR
								\$

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

 Applicant claims small entity status. See 37 CFR 1.27. Please charge Deposit Account No. _____ in the amount of _____.
A duplicate copy of this sheet is enclosed. The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. _____.
A duplicate copy of this sheet is enclosed. A check in the amount of \$ 471 to cover the filing/additional fee is enclosed. Payment by credit card. Form PTO-2038 is attached.

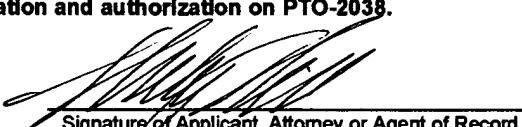
WARNING: Information on this form may become public. Credit card Information should not be included on this form. Provide credit card Information and authorization on PTO-2038.

FEB. 17, 2007

Date

41851

Registration Number, if applicable



Signature of Applicant, Attorney or Agent of Record
JOHN WILEY, Jr., Esq.

Typed or printed name

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Pennington
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Bell &
Dunbar P.A.

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February 17, 2004

Commissioner for Patents
Mail Stop Reissue
P.O. Box 1450
Alexandria, VA 22313-1450

RE: Patent: "Animal Carcass Incinerator"-US 6,397,764 B1

Dear Honorable Commissioner for Patents:

Please find enclosed the Reissue Patent Application for Sammy K. Massey. You will also find (2) checks; check #47247 in the amount of \$385.00, and check #47505 in the amount of \$86.00, The Reissue Application Fee Transmittal Form, the Postage Stamped Return Postcard, the original Red Ribbon copy of the patent, and a copy of the patent, the Reissue Application Declaration By the Inventor, the Preliminary Amendment In Reissue Application, the Information Disclosure

Sincerely,


Amanda E. Gardner
Legal Assistant to Wiley Horton

/aeg
Enclosures as stated